

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90063 042 ***150.00

DOCUMENT # P00000033905

1. Entity Name
LOTSADO, INC.



Principal Place of Business
1991 W LUMSDEN RD
BRANDON, FL 33511 US

Mailing Address
1135 S PASADENA AVE
SUITE 327C
GULFPORT, FL 33707 US

40098983



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2220 34th St S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007

Chg-P

CR2E034 (12/06)

City & State

City & State
St. Petersburg FL

4. FEI Number

59-3672051

Applied For:

Not Applicable

Zip

Country

Zip

33711

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERTRAND, GIORGIO
4743 66TH ST. N.
ST. PETERSBURG, FL 33709

Name

Street Address (P.O. Box Number is Not Acceptable)

2807 KIPPS COLONY DR

City

Gulfport

FL

Zip Code

33707

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BERTRAND, GIORGIO
STREET ADDRESS 2807 KIPPS COLONY DR. S.
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PVST ☐ Delete
NAME BERTRAND, GIORGIO
STREET ADDRESS 2807 KIPPS COLONY DR. S.
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #